

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		* IND. DEP. IND. DEP. IND. DEP.	
	1st AMENDMENT		2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.		
1					51	
2		1			52	
3		1			53	
4		3			54	
5		12			55	
6		1			56	
7		3			57	
8		3			58	
9		2			59	
10		3			60	
11		1			61	
12		1			62	
13		1			63	
14		1			64	
15		1			65	
16		1			66	
17		1			67	
18		1			68	
19		1			69	
20		1			70	
21		1			71	
22		1			72	
23		1			73	
24		1			74	
25		1			75	
26		1			76	
27		2			77	
28		2			78	
29		2			79	
30		1			80	
31		4			81	
32		1			82	
33					83	
34					84	
35					85	
36					86	
37					87	
38					88	
39					89	
40					90	
41					91	
42					92	
43					93	
44					94	
45					95	
46					96	
47					97	
48					98	
49					99	
50					100	
TOTAL IND.					TOTAL IND.	
TOTAL DEP.					TOTAL DEP.	
TOTAL CLAIMS					TOTAL CLAIMS	